

GRANT AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the “State”) and Springfield Medical Care Systems, Inc. (hereafter called the “Subrecipient” that the grant agreement (#03410-2225-21) on the subject of administering the Blueprint for Health program initiatives in the Springfield and Windsor, Vermont Health Service Area, effective October 1, 2020, is hereby amended to be effective March 1, 2021 as follows:

- 1. By deleting Part 1-Grant Award Detail on page 1 of 37 of the base agreement and replacing it with the following Part 1- Grant Award Detail:**

STATE OF VERMONT GRANT AGREEMENT				Part 1-Grant Award Detail			
SECTION I - GENERAL GRANT INFORMATION							
¹ Grant #: 03410-2225-21				² Original <input type="checkbox"/>		Amendment # 2	
³ Grant Title: Blueprint for Health Springfield Hospital HSA							
⁴ Amount Previously Awarded:		⁵ Amount Awarded This Action:		⁶ Total Award Amount:			
\$134,125.00		\$39,390.00		\$173,515.00			
⁷ Award Start Date: 10/01/2020		⁸ Award End Date: 09/30/2021		⁹ Subrecipient Award: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
¹⁰ Vendor #: 253423		¹¹ Grantee Name: Springfield Medical Care Systems, Inc					
¹² Grantee Address: 25 Ridgewood Road							
¹³ City: Springfield				¹⁴ State: VT		¹⁵ Zip Code: 05156	
¹⁶ State Granting Agency: AHS/Department of Vermont Health Access						¹⁷ Business Unit: 03410	
¹⁸ Performance Measures:		¹⁹ Match/In-Kind: Description:					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
²⁰ If this action is an amendment, the following is amended:							
Amount: <input checked="" type="checkbox"/>		Funding Allocation: <input type="checkbox"/>		Performance Period: <input type="checkbox"/>		Scope of Work: <input checked="" type="checkbox"/> Other: <input type="checkbox"/>	
SECTION II - SUBRECIPIENT AWARD INFORMATION							
²¹ Grantee DUNS #: 137017195				²² Indirect Rate:		²³ FFATA: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
²⁴ Grantee Fiscal Year End Month (MM format): 9				% <small>(Approved rate or de minimis 10%)</small>		²⁵ R&D: <input type="checkbox"/>	
²⁶ DUNS Registered Name (if different than VISION Vendor Name in Box 11):							
SECTION III - FUNDING ALLOCATION							
STATE FUNDS							
Fund Type	²⁷ Awarded Previously	²⁸ Award This Action	²⁹ Cumulative Award	³⁰ Special & Other Fund Descriptions			
General Fund	\$22,583.79	\$6,563.67	\$29,147.46				
Special Fund			\$0.00				
Global Commitment (non-subrecipient funds)	\$40,571.24	\$11,977.74	\$52,548.98				
Other State Funds			\$0.00				
FEDERAL FUNDS <small>(includes subrecipient Global Commitment funds)</small>							
³¹ CFDA#	³² Program Title	³³ Awarded Previously	³⁴ Award This Action	³⁵ Cumulative Award	³⁶ FAIN	³⁷ Fed Award Date	³⁸ Total Federal Award
93.778	Medicaid Assistance Program	\$22,583.82	\$6,563.68	\$29,147.50			
³⁹ Federal Awarding Agency:		⁴⁰ Federal Award Project Descr:					
93.778	Medicaid Assistance Program - Global Commitment (sub-recipient funds)	\$48,386.15	\$14,284.91	\$62,671.06			
Federal Awarding Agency:		Federal Award Project Descr:					
				\$0.00			
Federal Awarding Agency:		Federal Award Project Descr:					
				\$0.00			
Federal Awarding Agency:		Federal Award Project Descr:					
				\$0.00			
Federal Awarding Agency:		Federal Award Project Descr:					
				\$0.00			
Federal Awarding Agency:		Federal Award Project Descr:					
Total Awarded - All Funds		\$134,125.00	\$39,390.00	\$173,515.00			
SECTION IV - CONTACT INFORMATION							
⁴¹ STATE GRANTING AGENCY				⁴² GRANTEE			
NAME: Julie Parker				NAME: Thomas Dougherty			
TITLE: Project Administrator				TITLE: Director, Community Health			
PHONE: (802) 585-4732				PHONE: (802) 886-8993			
EMAIL: Julie.Parker@vermont.gov				EMAIL: TDougherty@Springfieldmed.org			

2. By deleting Attachment A, Scope of Work, Section 2.2 Self-Management Program Reporting, in its entirety and replacing it with the following:

2.2 Self-Management Program Reporting

From October 1, 2020 through September 30, 2021, the Subrecipient will:

- Maintain the Self-Management Programs that are occurring in the Springfield and Windsor HSAs;
- Deliver at least ten (10) Self-Management Program workshops focused on diabetes (e.g., CDC Diabetes Prevention Programs, SMRC Diabetes Self-Management Program) and best practice group tobacco cessation (such as Fresh Start or other TTS-facilitated workshops). These workshops can either be delivered independently or in collaboration with another HSA. The State will reimburse the Subrecipient for pre-approved expenses associated with this scope of work. The Subrecipient may also deliver other programs, such as the Self-Management Resource Center (SMRC) suite of offerings, Health Coaches for Hypertension Control, and Wellness Recovery Action Planning Program (WRAP), to address specific needs in the community. WRAP cannot be offered in a virtual format. Therefore, WRAP cannot be offered until it is either in alignment with Vermont COVID-19 guidelines, or until Vermonters can gather in-person safely;
- Refer interested participants from their HSA to other HSAs offering virtual classes of interest and track these referrals in the Blueprint Portal.

3. By deleting Attachment A, Scope of Work, Section 2.3 Health Service Area, in its entirety and replacing it with the following:

2.3 Health Service Area

Under this Grant Agreement, the Subrecipient is the Administrative Entity for the Springfield and Windsor Health Service Area.

4. By deleting the Budget Table in Attachment B, Payment Provisions Section 18, and replacing it with the following:

18. Approved Budget for the Grant Term:

October 1, 2020 – September 30, 2021

Budget Category	Amount
Program Management	\$80,000.00
Self-Management Regional Coordination	\$54,390.00
Self-Management Master Trainer	\$1,125.00
Self-Management Program Costs	\$30,000.00
Travel, Training, and Other Expenses	\$8,000.00
Total	\$173,515.00

The Subrecipient may request, in writing, approval by the State to reallocate funds across budget categories if necessary, to accomplish grant deliverables. The Subrecipient may also request, in writing, approval by the State to carry forward funds across quarterly periods if necessary, to accomplish grant deliverables.

Taxes Due to the State. Subrecipient further certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, Subrecipient is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs). Subrecipient is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

Certification Regarding Suspension or Debarment Subrecipient certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, neither Subrecipient nor Subrecipient's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Subrecipient further certifies under pains and penalties of perjury that, as of the date that this grant amendment is signed, Subrecipient is not presently debarred, suspended, nor named on the State's debarment list at: <http://bgs.vermont.gov/purchasing-contracting/debarment>.

This document consists of 4 pages. Except as modified by this Amendment No. 2, all provisions of the Grant remain in full force and effect.

THE SIGNATURES OF THE UNDERSIGNED INDICATE THAT EACH HAS READ AND AGREES TO BE BOUND BY THIS AMENDMENT TO THE GRANT.

BY THE STATE OF VERMONT:

E-SIGNED by Cory Gustafson
on 2021-04-19 21:06:46 GMT April 19, 2021

CORY GUSTAFSON, COMMISSIONER DATE
AHS/DVHA
NOB 1 SOUTH, 280 STATE DRIVE
WATERBURY, VT 05671
EMAIL: CORY.GUSTAFSON@VERMONT.GOV

BY THE SUBRECIPIENT:

E-SIGNED by Joshua Dufresne April 19, 2021
on 2021-04-19 18:09:52 GMT

JOSHUA DUFRESNE, ACTING CEO DATE
SPRINGFIELD MEDICAL CARE SYSTEMS, INC.
25 RIDGEWOOD ROAD
SPRINGFIELD, VT 05156
EMAIL: JDUFRESNE@SPRINGFIELDMED.ORG